

U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: <u>0-7659</u>	2. Fiscal Year Covered From: <u>10 / 1 / 2003</u> Through <u>9 / 30 / 2004</u>
3. Name and address of person filing: Name: <u>Elmo Bilek</u> Title: <u>DC Silver</u>	
P.O. Box, Bldg., Room No., If any: Street: <u>1348 Prospect Place</u> City: <u>Brooklyn</u> State: <u>New York</u> ZIP Code + 4: <u>11213</u>	
4. Name, file number, and address of labor organization: Name: <u>Local 81078, Communications Workers AFL/CIO</u> Labor Organization File Number: <u>0014-248</u> P.O. Box, Building and Room Number, If any: Street: <u>150-47 Hillside Avenue</u> City: <u>Jamaica</u> State: <u>New York</u> ZIP Code + 4: <u>11432</u>	
5. Position in labor organization: <u>Secretary-Treasurer</u>	

Please appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exceptions set forth in the instructions):

6. Name and address of Employer (including trade name, if any): Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., If any: Street: _____ City: _____ State: _____ ZIP Code + 4: _____	7.A. Nature of interest, Transaction, or incident: _____ 7.B. Amount: _____
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Signature

8. Signature and verification: The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed: <u>Elmo Bilek</u> On: <u>8/10/05</u> Date: <u>8/10/05</u> Telephone Number: <u>718 526-8000</u>	
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Name of Person Filing: Silmo D.M. Silva		File Number U-
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent; or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>5. Name and address of Business (including trade name, if any)</p> <p>Name: Boston Company</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: One Boston Place</p> <p>City: Boston</p> <p>State: Massachusetts ZIP Code + 4: 02108</p>		<p>6. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name: United Furniture Workers Pension Fund A</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: 1910 Air Lane Drive</p> <p>City: Nashville</p> <p>State: Tennessee ZIP Code + 4: 37210</p>		<p>11.a. Nature of such dealing.</p> <p>Business provides investment management services to the Trust.</p>
		<p>11.b. Approximate dollar value of such dealing. \$163,720</p>
		<p>12.a. Nature of interest held or income received.</p> <p>February 2004 - I attended a dinner hosted by the Boston Company.</p>
		<p>12.b. Amount. \$114</p>
<p>C. Received from any employee (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>		
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name: _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any: _____</p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ ZIP Code + 4: _____</p>		<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>		<p>14.b. Amount of payment. _____</p>

Name of Person Filing <u>Elmo D. Silva</u>	File Number U-
Part B Continuation Page	
<p>6. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is jointly seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>	
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Bank of New York</u> Trade Name, if any: P.O. Box Bldg., Room No., Maily Street One Wall Street City New York State New York ZIP Code + 4 <u>10286</u></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer</p>
<p>10. If 8.b. or 8.c. is checked give trust or employer's name.</p> <p>Name <u>United Furniture Workers Pension Fund A</u> Trade Name, if any: P.O. Box Bldg., Room No., Maily Street 1510 Air Lane Drive City Nashville State Tennessee ZIP Code + 4 <u>37210</u></p>	<p>11.a. Nature of such dealing. Business provides investment management services to the Trust.</p>
	<p>11.b. Approximate dollar value of such dealing. <u>\$62,250</u></p>
	<p>12.a. Nature of interest held or income received. February 2004 - I attended a dinner hosted by the Bank of New York.</p>
	<p>12.b. Amount. <u>\$70</u></p>

Name of Person Filing: Silve D G Silve	File Number: U-
Part II Continuation Page	
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employee your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>	
<p>8. Name and address of Business (including trade name, if any):</p> <p>Name: United Furniture Workers Pension Fund A Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: 1910 Air Lane Drive City: Nashville State: Tennessee ZIP Code + 4: 37210</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name:</p> <p>Name: United Furniture Workers Pension Fund A Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: 1910 Air Lane Drive City: Nashville State: Tennessee ZIP Code + 4: 37210</p>	<p>11.a. Nature of such dealing: Reimbursement of trustee related expenses.</p>
	<p>11.b. Approximate dollar value of such dealing: \$0</p>
	<p>12.a. Nature of interest held or income received: Reimbursement of travel, hotel, meals and miscellaneous expenses incurred to attend Board of Trustees meetings in February and June 2004, and Finance Investment Committee meetings in April and September 2004.</p>
	<p>12.b. Amount: \$1,369</p>

Name of Person Filing Simeo D. Silva		File Number 13-
Part B Continuation Page		
<p>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent; or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name United Furniture Workers Insurance Fund Trade Name, if any P.O. Box, Bldg., Room No., if any Street 1910 Air Lane Drive City Nashville State Tennessee ZIP Code + 4 37210</p>		<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name United Furniture Workers Insurance Fund Trade Name, if any P.O. Box, Bldg., Room No., if any Street 1910 Air Lane Drive City Nashville State Tennessee ZIP Code + 4 37210</p>		<p>11.a. Nature of such dealing. Reimbursement of trustee related expenses.</p>
		<p>11.b. Approximate dollar value of such dealing. \$0</p>
		<p>12.a. Nature of interest held or income received. Reimbursement of travel, hotel, meals and miscellaneous expenses incurred to attend Board of Trustees meetings in February and June 2004.</p>
		<p>12.b. Amount. \$716</p>